Proposal Form

For Official Use Only:

Application No.		Sub Agent Code	
Agent Code		Agent Contact No.	

Please note:

1. Please tick the boxes wherever applicable.
2. Failure to disclose material facts FULLY AND ACCURATELY to the assessment of the risk or providing misleading information may render the Policy void.
3. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance Cover.
4. Commencement of risk cover under the Policy is subject to receipt of Premium in full by TATA AIG General Insurance Company Limited.
5. Products must be manufactured in India or legally imported in India.
6. Fields marked * are mandatory.
7. If space is not sufficient in any of the column, please attach separate sheet(s).

Insured Details (In BLOCK Letters):

Name of the Insured			
Current Address			
Landmark		City	
State		PIN Code	
Is Your Current Address the Same As Your Permanent Address? (If No, Please Fill the Details Below)			☐ Yes ☐ No
Permanent Address			
Phone (With STD Code)		Ext.	
Mobile		Email ID	
GSTIN No.			
Masked Aadhar			

Nominee Details:

In the event of the Death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee preferably should be an immediate relative of the Insured Person.

Nominee Name	Date Of Birth	Relationship with Proposer	% of Claim Payable	Mobile No. / E-mail ID	Present Address of the Nominee	Permanent Address of the Nominee
	DD/MM/YYYY			<<******9810/ abc@gmail.com>>		
	DD/MM/YYYY			<<******9810/ abc@gmail.com>>		
	DD/MM/YYYY			<<******9810/ abc@gmail.com>>		

If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name	Relationship with Nominee	Address

Do you want a physical copy of this Policy Document? ☐ Yes ☐ No

Product Details:

Please provide the following details in respect of the appliance that you would like to Insure with us.

Product (e.g.: Televisions, Mobiles)	Make	Model No.	Product Serial No./ IMEI No.**	
Manufacturer's Warranty (In Months)*	**Manufacturer**	**Product Invoice Date**	**Invoice No.***	**Purchase Price*****

**Please note that the serial/IMEI number for the product will be the same as mentioned on the invoice or at the back of the product.

***Please note that the Sum to be Insured for the product should represent it's original purchase price as mentioned in the product invoice.

Policy Period:

Extended Warranty:

Policy Period of the extended warranty Policy for the above mentioned product will commence after the expiry of the Manufacturer's Warranty Period.
Manufacturer's Warranty will commence from the product invoice date.

Policy Period of Extended Warranty: (Please tick 3 whichever is applicable)

☐ 1 year ☐ 2 years ☐ 3 years

Deductible: (Please tick 3 whichever is applicable)

☐ Nil ☐ ₹500 ☐ ₹1000 ☐ ₹2000 ☐ ₹5000 ☐ ₹7500

Basis of Coverage: (Please tick whichever is applicable)

☐ Nil Depreciation ☐ With Depreciation

Premium Details:

a. Net Premium (₹)	b. GST (₹)	c. Total Premium (a+b) (₹)

Sources of Fund: (Please tick 3 whichever is applicable)

☐ Salary ☐ Business ☐ Others (Please specify) _____

Premium Paid by Cash/Cheque No./Online Payment		**Amount (₹)**	
Bank Name		**Branch**	
***Insured's PAN Card No.**			

AML Guidelines:

1. I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/We understand that the company has the right to call for documents to establish sources of funds and to cancel the Insurance Policy in case I/we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/We are not Politically Exposed Persons* nor are their close relatives/family members/ associates. I/We shall keep the company informed if we subsequently become a Politically Exposed Person/close relative/family member/associate of Politically Exposed Persons.
*"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the replies in the Proposal Form have been recorded as per the information provided by Me/Us. I, (Full name of the representative) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We have read out and explained the contents of the Proposal Form and all other documents incidental to availing he Insurance Policy from TATA AIG General Insurance Company Limited., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my knowledge and belief.

Date: DD/MM/YYYY **Place:** _____

Signature of the Representative: _____

Signature/Thumb impression of the Proposer/Primary Insured: _____

Declaration:

I/We desire to insure with TATA AIG General Insurance Company Limited's extended warranty as described in this Proposal Form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this Policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and TATA AIG General Insurance Company Limited. I/We confirm that I/we have read and understood the coverage's, the terms and conditions and agree to accept the Company Policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this Proposal Form or if there is any change in the information as submitted by me/us after the submission of this Proposal Form then the same benefits under the Policy would stand forfeited. I/We agree to the Company taking appropriate measures to capture the voice log of all such telephonic transactions carried out by me/us as required by the procedures/regulation internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of requisite Premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the Policy shall be deemed cancelled "ab-initio" and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy". I/We agree to receive “Certificate of Insurance” and/or “Policy Schedule” only and shall access the Policy terms, conditions and exclusions on the Company's website.

I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy Servicing and/or claims servicing & settlement.

Date: _____ **Place:** _____ **Signature of the Proposer:** _____

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/We have understood these and confirm to abide by the Policy terms and conditions.

Name & Signature of Agent/Intermediary: _____

Signature of the Proposer: _____ **Code:** _____

Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the Proposer who has understood and confirmed the same.

Signature/Thumb Impression of the Proposer: _____

Name & Signature of Agent/Intermediary: _____

Agent Declaration:

I,_____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between TATA AIG and the Proposer, if this Proposal is accepted by TATA AIG for Issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including Addendum(s), Affidavits, statements, submissions, furnished/to be furnished, TATA AIG shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favor pursuant to this Proposal may be treated by TATA AIG as null and void and all premiums paid under the Policy may be forfeited to TATA AIG.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer): _____

Name of the Specified Person and Code: _____

Place: _____

Date: _____ **Signature of Agent:** _____

Customer Acknowledgement Copy:

Name of the Proposer _____ We acknowledge with thanks the receipt of your application for TATA AIG Smart Care Extended Warranty Insurance Policy and amount by Cash/Cheque/Demand Draft/Others _____of amount of ₹_____. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non-fulfillments of additional information requested by us. We shall have no liability to make any payment under the Policy if Proposal is under process & claim arises in the interim period before the decision on the Proposal is given by us. In case of counter offer you need to revert to us with consent and Additional Premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel application and refund the Premium paid without interest subject to deduction of administrative charges, as applicable. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 10 days.

Bank Details:

As per the Regulatory requirements, we can we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the Insured's bank account

Customer's Bank Account			
Name of the Account Holder			
Name of the Bank			
Type of Account	☐ Savings Bank Account ☐ Current Account ☐ Others (Please Specify):_____		
Account No.		**Bank IFSC Code**	

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached.

Nominee/Guardian (In Case of Nominee Being Minor) Bank Account:

Name of the Account Holder	
Name of the Bank	
Branch Name	
Account No.	
Bank IFSC Code	
Account Type	☐ Savings Bank Account ☐ Current Account ☐ Others (Please specify):_____

#In case there is more than one nominee then please provide the bank details of such nominees separately in the above format with this Proposal Form.

Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.